

National Disability Insurance Scheme (NDIS)

Types of funding

- Self-managed - Under the NDIS, self-managed funding means that participants have full control over their NDIS budget. They are responsible for choosing their own providers, organising payments, and keeping records of their spending.
- Plan-managed - Plan-managed funding under the NDIS means that participants engage a registered plan management provider to manage their NDIS budget on their behalf. The plan manager takes care of paying invoices, keeping financial records, and helping to ensure that services are paid for in line with NDIS rules. This option gives participants more flexibility than agency-managed funding, while easing the administrative burden compared to self-management.
- Agency-managed - When a participant's NDIS funding is managed directly by the National Disability Insurance Agency (NDIA), it means they can only access services from providers who are officially registered with the NDIS. Providers submit claims for payment directly to the NDIA using the myplace portal. The participant has limited flexibility in choosing providers, as unregistered providers are not permitted. All financial transactions are handled and overseen by the NDIA.

Fees & Billing

- Refer to Fee schedule (Reports are infrequently requested and cost is dependent on the nature of the client or plan manager request)
- For more detailed guidance, refer to the official page - <https://www.ndis.gov.au/providers/pricing-arrangements>

Reporting Requirements

- Please note reports are NOT commonly or routinely requested
- Types of reports typically required

Report Type	Purpose	When Required	Key Contents
Initial Assessment Report	Provides baseline understanding of participant's needs and current functioning.	At commencement of NDIS supports or when a new psychologist is engaged.	Background, presenting issues, assessment results, recommendations.
Progress Report	Updates on participant's progress towards goals and outcomes.	Midway through plan period, or as requested by NDIS/planner; commonly for plan reviews.	Summary of interventions, participant progress, updated recommendations.
Functional Assessment	Assesses participant's functional capacity in daily life domains.	When functional impact of disability needs to be demonstrated, often for eligibility or reassessment.	Assessment scores, observations, impact on daily living, support recommendations.
Review Report	Comprehensive review for plan reassessment.	Annually or at plan reassessment/review cycle.	Summary of progress, ongoing needs, future recommendations.
Recommendation Letter	Supports specific requests for funding or services.	When applying for new or additional supports within a plan.	Rationale for recommended supports, clinical justification, supporting evidence.

Registration Requirements

Scenario	NDIS Registration Required?	Purpose/Explanation
Providing supports to Agency-managed participants	Yes	Only registered providers can deliver supports and services to participants whose funding is managed by the NDIA (Agency-managed).
Providing supports to Plan-managed participants	No (but can be registered)	Plan-managed participants can use both registered and unregistered providers, giving them more flexibility in choosing service providers.
Providing supports to Self-managed participants	No (but can be registered)	Self-managed participants may use registered or unregistered providers, allowing them to engage with a broader range of service options.
Delivering certain high-risk supports (e.g., behaviour support, restrictive practices)	Yes	Providers must be registered for specific supports that have higher risk or regulatory oversight requirements.
Providing lower risk supports (e.g., community participation, therapy services)	No (unless participant is Agency-managed)	Unregistered providers can offer these supports to self- and plan-managed participants, but not to Agency-managed participants.

Telehealth services

- Telehealth providers delivering services to NDIS participants do not always need to be registered with the NDIS.
- Registration is required when delivering certain high-risk supports (such as behaviour support or restrictive practices), regardless of whether services are in-person or delivered via telehealth.
- For lower risk supports (e.g., therapy services, community participation), telehealth providers can be unregistered if the participant is self-managed or plan-managed.
- Agency-managed participants can only access NDIS-registered providers, including for telehealth services.

Compliance and reporting obligations

- Telehealth providers registered with the NDIS must ensure they meet all compliance and reporting obligations specific to their registration group, including those related to privacy, security, and safe delivery of remote services.
- They are required to keep detailed records of telehealth sessions, including client consent for remote delivery and documentation of service delivery methods.
- Telehealth providers must have systems in place for managing risks related to remote service provision, such as verifying participant identity and maintaining confidentiality during virtual sessions.
- Registered providers must report any incidents, complaints, or breaches of participant safety or privacy that occur during telehealth sessions to the NDIS Commission in accordance with reporting requirements.
- They must ensure all telehealth technology used complies with NDIS guidelines for data security and participant confidentiality.

Advertising, Marketing & Compliance

Limits on types of therapy/supports provided under psychology line items

- Supports must address disability-related barriers:
- NDIS-funded psychology sessions must target issues that stem from the participant's disability, focusing on overcoming functional barriers and helping achieve NDIS goals. General life problems or unrelated mental health concerns are not covered.
- No funding for clinical mental health treatment:
- The NDIS does not cover clinical treatment services for mental health (e.g., therapy for depression or anxiety symptoms). These are considered the responsibility of the health system (Medicare, hospitals, etc.), not NDIS.
- Supports are non-clinical and focus on function, skills, and participation:
- NDIS psychology supports are designed to improve functional abilities, build capacity, and enhance social and economic participation. Therapy should look like rehabilitation or skills training, not medical treatment.
- Capacity-building is the focus:
- Services should help participants develop independent living skills, emotional regulation strategies, and confidence for social or vocational activities, all aligned with NDIS plan goals.
- No duplication of health system services:
- NDIS will only fund ongoing therapy framed as support for long-term disability, not acute clinical treatment. If a participant only needs clinical mental health care, they are likely not eligible for NDIS.
- Therapy must facilitate adjustment and community participation:
- The aim is to support adjustment, adaptation, and building capacity for community engagement, not to cure clinical symptoms.

Emerging changes in NDIS policy or reviews

- From 1 July 2025, the NDIS no longer allows therapy supports to be claimed from your Core budget. Therapy must now only be claimed under Capacity Building – Improved Daily Living. If you or your provider try to claim therapy from Core after this date, it won't be paid. - <https://pwd.org.au/all-you-need-to-know-about-changes-to-ndis-pricing-and-claiming-from-1-july-2025>
- New framework planning - <https://www.ndis.gov.au/news/10864-update-changes-ndis-new-framework-planning-starting-mid-2026>